

# Review of: "Relevance of Medical Ethics in Public Health: Case Study of Polio Eradication"

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**Potential competing interests:** The reviewer is a co-author with the article authors on letters to international journals on the topic of polio eradication.

TJ John has been telling 'truth to power' (also known as the 'Emperor has no clothing') for decades. With his co-author, Dhanya Dharmapalan, he has laid out the history, epidemiology, and biology of poliomyelitis and the blinkered attempts at 'eradication' of the virus: *T Jacob John & Dhanya Dharmapalan. 'Polio. The Eradication imbroglio. The Malady & its Remedy'. Notion Press, India, 2021.* 'Eradication' of an infectious disease is a term only, and barely, applicable to smallpox. Both viruses are stored in multiple laboratories (<https://www.cdc.gov/polio/what-is-polio/lab-testing/poliovirus-containment.html>) and even can be synthesized. (<https://en.wikipedia.org/wiki/Poliovirus>; <https://thebulletin.org/2020/02/a-biotech-firm-made-a-smallpox-like-virus-on-purpose-nobody-seems-to-care>)

GPEI has made a three and half decade and twenty-five billion dollar bet that eradication of the wild poliovirus would satisfy the goal, when in fact the oral polio vaccine (OPV) chosen over the inactivated vaccine (IPV) rather quickly showed it could revert to toxicity and spread. Providing a vaccine on a population-wide basis requires the same ethical considerations as providing a medication for a population-wide illness (diabetes, for instance), with safeguards against adverse effects, informed consent, and recourse to damages. For vaccinations the USA has a vaccine-injury reporting and compensation system (<https://www.hrsa.gov/vaccine-compensation/data>). That children in southern countries may undergo multiple rounds of OPV when the vaccine itself can lead to paralysis (vaccine-associated polio paralytic poliomyelitis, VAPP; and genetically divergent strains, circulating vaccine-derived polioviruses, cVDPV ) with either no properly informed consent, nor compensation for injury, is a violation of medical ethics, no less egregious when applied to whole populations.

I have two suggestions. One, VAPP and VDPV should be distinguished. They seem to have different genomic changes and epidemiology and it would clarify the discussion. See CC Burns, et al, Vaccine-Derived Polioviruses: <https://pubmed.ncbi.nlm.nih.gov/25316847/>

Two, while debunking the common rationales for using OPV ('mucosal immunity', 'fecal-oral transmission') the authors should also address Sabin's claim that OPV would spread fecally to unimmunized children to create herd immunity.